PTO/SB/01 (10-00)

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NAME OF SOLE OR FIRST INV	ENTOR:			A petiti	on has been fil	ed for this unsig	ned inventor
Given Name (first and middle [if any]) KERRY E. Family Name or Surname WILKINSON							
Inventor's Signature Per 4 William Date 1-4-02					-0Z		
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City State				ZIP Country			
Additional inventors are being named	on the	Suppleme	ental Addition	nat Invan	tor(s) sheet(s) DT	O/SR/02A attached	hereto

Please type a plus sign (+) inside this	box —	+
	201	

PTO/SB/81 (02-01)

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number		1
Filing Date		}
First Named Inventor	KERRY E. WILKINSON	a core
Title OPAQUE AND C	ELAP LAYERS AND METHOLTERN	MAKING
Group Art Unit		
Examiner Name		1
Attomey Docket Number	0125	1

Practitioners at Customer Number OR Name Registration Number H. GORDON SHIELDS As my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Practitioners at Customer Number. OR Practitioners at Customer Number. OR Address Address Address Address City PHOENIX State AZ Zup 85021 County U.S.A. Telephone I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name KERRY E. WILKINSON Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required Submit multiple forms if more than one signature is required, see below' Total of forms are submitted	I hereby appoint:				
Name Registration Number H. GORDON SHIELDS 23,099 as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Practitioners at Customer Number. OR X Firm or Individual Name Address City PHOENIX State AZ ZIP 85021 County U.S.A. Telephone (602) 995–0490 Fax (602) 995–0876 I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name KERRY E. WILKINSON Signature L. W.L.KINSON Signature L. W.L.KINSON Signature L. W.L.KINSON Signature Signature is required, see below*	OR		Number Bar Code		
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Name KERRY E. WILKINSON Signature Date 1-4-02 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).				
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